


Please type a plus (+) sign in this box →

+

PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</i>		Attorney Docket No. <b>S01.12-0991/STL 11378.00</b>	
		First Inventor or Application Identifier <b>Gary Edwin Bement et al.</b>	
		Title <b>DISC STABILIZATION SYSTEM</b>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">22141 U.S. PTO 10/647190</div> 
		Express Mail Label No. <b>EV 049905086 US</b>	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>Address To:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing)</p><p>2. <input type="checkbox"/> Applicant Claims small entity status</p><p>3. <input checked="" type="checkbox"/> Specification [Total Sheets <b>15</b>] (preferred arrangement set forth below) - Descriptive title of the Invention) - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets <b>6</b>]</p><p>5. Oath or Declaration [Total Sheets <b>3</b>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).</p><p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 50%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)</p><p>8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies</p></div></div>		<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Checks in the amount of \$786 and \$40</u></p>			
<p>18. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group/Art Unit: _____ <b>FOR CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<b>17. CORRESPONDENCE</b>			
<div style="display: flex; align-items: center;"><input type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 10px;"></div> or <input checked="" type="checkbox"/> Correspondence address below</div> <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 5px;"></div>			
Name <b>David C. Bohn</b> <b>WESTMAN CHAMPLIN &amp; KELLY</b>			
Address <b>Suite 1600 – International Centre</b> <b>900 South Second Avenue</b>			
City <b>Minneapolis</b>	State <b>MN</b>	Zip Code <b>55402-3319</b>	
Country <b>USA</b>	Telephone <b>(612) 334-3222</b>	Fax <b>(612) 334-3312</b>	

Name (Print/type) <b>David C. Bohn</b>	Registration No. (Attorney/Agent) <b>32,015</b>
Signature 	Date <b>8/21/03</b>

# FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Gary Edwin Bement et al.

Title

DISC STABILIZATION SYSTEM

Group Art Unit

Examiner Name

Total Amount of Payment \$ 786 and \$40

Atty. Docket Number

S01.12-0991/STL 11378.00

## METHOD OF PAYMENT (Check One)

## FEE CALCULATION (Continued)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.  
Westman, Champlin & Kelly, P.A.

2. ☒ Checks Enclosed

### 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
1051	130	2051	65	Surcharge - Late filing fee or oath	
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1814	110	2814	55	Terminal Disclaimer Fee	
1452	110	2452	55	Petition to Revive - unavoidable	
1453	1,300	2453	650	Petition to Revive - unintentional	
1501	1,300	2501	650	Utility/Reissue issue fee (inc. advance copies)	
1502	470	2502	235	Design issue fee (inc. advance copies)	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$40

Other Fee (specify) \_\_\_\_\_

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

1001 750 2001 375 ☒ Utility Filing Fee

1002 330 2002 165 ☐ Design Filing Fee

1004 750 2004 375 ☐ Reissue Filing Fee

1005 160 2005 80 ☐ Prov. Filing Fee

Subtotal (1) \$ 750

### 2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	22	20	2	18	36
Indep.	3	3	0	84	0

Multiple Dependent Claims

\*\* Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent Claims
1204	84	2204	42	Reissue Independent Claims over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 36

Subtotal (3) \$ 40

Signature

(David C. Bohn)

Reg. No. 32,015

Date 21 August 2003

Deposit Account No. 23-1123